NEW MEXICO OIL CONSERVATION COMMISSION WELL LOCATION AND ACREAGE DEDICATION PLAT

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Form C+102 Supersodes C+128 Effective 14+65

		All dist	ances must be from	the outer bound	darles of th	he Section.			· · · · · · · · · · · · · · · · · · ·
Operator '	FC 0.0	Le	Federal					×4	
Bruce Anderson						County			
Unit Letter J	Section 29	Township 31	North	Range 13 Wes		San .	Juan		
Actual Footage Loc	ation of Well;	_ _				,			
1660	lect from the	South	line and	1830	fret	from the	East	line	· · · · · · · · · · · · · · · · · · ·
Ground Level Elev. 5576	Producing Fo Pict	tured C1	iffs P°	ol Wi	ldcat			Dedicated / 160	Acres
2. If more the interest and	e acreage dedic nan one lease is nd royalty). an one lease of o communitization,	dedicated	d to the well, o	utline each a	and iden1	tify the o	wnership t	hereof (bot	h as to working
this form i No allowat	No If a is "no," list the f necessary.) ole will be assign ling, or otherwise	owners ar	well until all int	ions which f	have actu been co	nsolidate	d (by com	munitizatio	on, unitization,
		Sec.	29			1	toined he best-of m T Position 20 A Company M. B Dates 6		e information con- decomplete to the delief. Dugan
					.830'		I hereby shown of notes of under my is true knowledge Date Survey May 3	certify that this plat was actual survey supervision, one bettet. one bettet. one bettet. one bettet. one bettet. one of the this plat was supervision. one bettet. one of the this plat was supervision. one of the one of the	the well becation plotted from field is made by me or and that the same the best of my 1943150 11
	0 1320 1650 194	(2310 26	40 2000	1300 1000			Edgar L		pover, L.S.
0 330 660 9	0 1320 1650 194								

6 - USGS 1 - Anderson 1 - Beard Oil 1 - Swain	1 - John M. Beard 1 - File 1 - Houck Form Approved. Budget Bureau No. 42-R1424				
Dec. 1973 UNITED STATES	5. LEASE				
DEPARTMENT OF THE INTERIOR	NM 053798				
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME				
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME				
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME				
	Federal				
1. oil gas well other	9. WELL NO.				
2. NAME OF OPERATOR	<u>#4</u>				
Bruce Anderson	10. FIELD OR WILDCAT NAME Wildcat PC				
3. ADDRESS OF OPERATOR	11. SEC., T., R., M., OR BLK. AND SURVEY OR				
Box 208, Farmington, NM 87491	AREA				
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Sec 29 T31N R13W				
below.)	12. COUNTY OR PARISH 13. STATE				
AT SURFACE: 1660 FSL - 1830 FEL AT TOP PROD. INTERVAL:	San Juan NM				
AT TOTAL DEPTH:	14. API NO.				
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,					
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)				
	5576' GL				
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:					
TEST WATER SHUT-OFF X FRACTURE TREAT I					
SHOOT OR ACIDIZE	(NOTE: Report results of multiple completion or zone				
PULL OR ALTER CASING	change on Form 9–310.)				
MULTIPLE COMPLETE Image: Complete <	NAL CUTVEY				
	stor M. al.				
(other)	the state is and give participant datas				
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statistic including estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine	te all pertinent details, and give pertinent dates, directionally drilled, give subsurface locations and nt to this work.)*				

10-24-80 Ran 59 jts of 2-7/8", 6.4#, NEUE, 10 Rd casing; T.E. 1762.06 set @ 1671!. Rig up Cementer's Inc., establish circulation. Pump 75 sx lodense (slurry approx. 150 cu. ft.), 50 sx class "B" neat (slurry approx. 59 cu. ft.), total slurry 209 cu. ft., good circulation while cementing, worked pipe, displacement. Bumped plug w/ 1500 psi - plug held 0K. P.O.B. @ 2:45 p.m. 10-23-80. W.O.C. PBTD 1645.19.

Subsurface Safety Valve: Manu. and Type	·	Set @ Ft.
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is tr SIGNED	TITLE Agent	DATE
Thomas A. Dugan	(This space for Federal or State office use)
APPROVED BY CONDITIONS OF APPROVAL IF ANY:	TITLE	DATE

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